

Food Protection Questionnaire for Catered Events

Date of Event: _____ Event Time: _____
Location of Event: _____

List all foods that you will be chilling, holding, cooking, and/or re heating at the event location:

On ice/Refrigerated	Cooking	Reheating
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Food Manager Certification Person Trained On Site? ☐Yes ☐No

Allergen Awareness Menu Label Present? ☐Yes ☐No

List all Potentially Hazardous Food (PHF) and the individual intended temperature required:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the required temperature for each food as it leaves your preparation site:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How will the PHF be kept at or below 41°F? _____

How will the PHF be kept at or above 140°F? _____

Time of PHF? Setup _____ Served _____ Removed _____

List all equipment that will be supplied for an event, including but not limited to food thermometers, cleaning wipes, utensils, non latex gloves, heating utensils, ice etc.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Catered Event Notification Form

Today's Date: _____

Name of Establishment: _____

Address of Establishment: _____

Telephone number: _____

Mail To:

Amherst Health Department

70 Boltwood Walk

Amherst, MA 01002

Dear Sir/Madam:

In accordance with 105 CMR 590.009 (A) (2), we wish to notify you that we plan to cater a function within your jurisdiction:

Date: _____

Time: _____

Location: _____

Menu: _____

Approximate Number of people: _____

A copy of our caterer's permit from the town/town of (base of operation location) is enclosed.

Sincerely,

_____ Person In Charge

_____ Name of Establishment